

INFANT MENU PRODUCTION RECORD **CHILD AND ADULT CARE FOOD PROGRAM**

Child's Full Name: _____ Age: _____ Breast Milk? _____ Formula? _____ Type of Formula: _____

FOOD COMPONENTS	SERVING SIZES			DATE:	DATE:	DATE:	DATE:	DATE:
BREAKFAST	0-3 MO	4-7 MO	8-11 MO	<input type="checkbox"/> claimed	<input type="checkbox"/> claimed	<input type="checkbox"/> claimed	<input type="checkbox"/> claimed	<input type="checkbox"/> claimed
BREAST MILK OR IFIF	4-6 oz.	4-8 oz.	6-8 oz.					
IFIC	---	---	2-4 Tbsp.					
FRUIT OR VEGETABLE	---	---	1-4 Tbsp.					
LUNCH				<input type="checkbox"/> claimed	<input type="checkbox"/> claimed	<input type="checkbox"/> claimed	<input type="checkbox"/> claimed	<input type="checkbox"/> claimed
BREAST MILK OR IFIF	4-6 oz.	4-8 oz.	6-8 oz.					
IFIC <u>OR</u>	---	0-3 Tbsp.*	2-4 Tbsp.					
MEAT/POULTRY/FISH/EGG YOLK <u>OR</u>	---	---	1-4 Tbsp.					
COOKED DRY BEANS/PEAS <u>OR</u>	---	---	1-4 Tbsp.					
CHEESE <u>OR</u>	---	---	½-2 oz.					
COTTAGE CHEESE/FOOD/SPREAD	---	---	1-4 oz.					
FRUIT/VEGETABLE	---	0-3 Tbsp.*	1-4 Tbsp.					
SUPPER				<input type="checkbox"/> claimed	<input type="checkbox"/> claimed	<input type="checkbox"/> claimed	<input type="checkbox"/> claimed	<input type="checkbox"/> claimed
BREAST MILK OR IFIF	4-6 oz.	4-8 oz.	6-8 oz.					
IFIC <u>OR</u>	---	0-3 Tbsp.*	2-4 Tbsp.					
MEAT/POULTRY/FISH/EGG YOLK <u>OR</u>	---	---	1-4 Tbsp.					
COOKED DRY BEANS/PEAS <u>OR</u>	---	---	1-4 Tbsp.					
CHEESE <u>OR</u>	---	---	½-2 oz.					
COTTAGE CHEESE/FOOD/SPREAD	---	---	1-4 oz.					
FRUIT/VEGETABLE	---	0-3 Tbsp.*	1-4 Tbsp.					
SNACK # 1				<input type="checkbox"/> claimed	<input type="checkbox"/> claimed	<input type="checkbox"/> claimed	<input type="checkbox"/> claimed	<input type="checkbox"/> claimed
BREAST MILK, IFIF, ** JUICE	4-6 oz.	4-6 oz.	2-4 oz.					
BREAD OR CRACKERS	---	---	½ slice*					
SNACK # 2				<input type="checkbox"/> claimed	<input type="checkbox"/> claimed	<input type="checkbox"/> claimed	<input type="checkbox"/> claimed	<input type="checkbox"/> claimed
BREAST MILK, IFIF, ** JUICE	4-6 oz.	4-6 oz.	2-4 oz.					
BREAD OR CRACKERS	---	---	½ slice*					

KEY: IFIF – Iron Fortified Infant Formula

IFIC – Iron Fortified Infant Cereal (Record the kind – oatmeal, rice, etc.) – Infant cereals ONLY.

*** These items are required once the child is developmentally ready for the items.**

**** Fruit juice must be full-strength and may be served in place of formula or breastmilk to children 8-11 months of age for snack ONLY.**